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PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Nu	mber	67,008-070; S-5668
		First Named Invento	<u></u>	Yuriy GMIRYA
		COMPLETE IF KNOWN		
		Application Number		/ Herewith
Submitted OR with Initial	75.0	Filing Date	Here	with
	ed OR Submitted after Initial	Group Art Unit		
		Examiner Name		

As a below named inventor, I he	reby declare that:	_		\$			
My residence, mailing address, an	d citizenship are as stat	ed below next to my na	ame.				
I believe I am the original, first and names are listed below) of the sub							
SPLIT-TORQUE GEARBOX							
		·	<u> </u>				
		itle of the Invention)					
the specification of which				• •			
is attached hereto				· · · · · · · · · · · · · · · · · · ·			
OR		as United :	States Application N	Number or PCT International			
☐ was filed on (MM/DD/YYYY)	L			(if applicable).			
Application Number	and was a	mended on (MM/DD/Y	m [(ii applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country	Foreign Filing Date		Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO			
			0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	`/ _	e (MM/DD/YYYY)					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: IN I	ustomer Numb r Bar Code Lab	IUZNUMN		OR 🗌	Correspondence address below	
David L. Wisz						
Address 400 W. Maple Road						
Suite 350	· — — · — · — · — · — · — · — · — · — ·					
Birmingham City	 		State	Michigan	48009 ZIP	
United States Country	Te	(248)) 988-83	60	(248) 988-8363 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:		A petitio	on has been fil	led for this unsigned inventor	
Given Name Yuriy (first and middle [if any])	Given Name Yuriv Family Name GMJRYA					
Inventor's Signature Date 06/20/03						
Residence: City Woodbridge	Residence: City Woodbridge State CT Country U.S. Citizenship					
Mailing Address 28 Rice Road	- .					
Mailing Address						
City Woodbridge	CT State		ZIP 06:	525	Country U.S.	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family N			
Inventor's						
Signature		·]			Date	
Residence: City		State		Country	Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP		Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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PTO/SB/02C (3-97)

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DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
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